

County of Los Angeles - Department of Mental Health

Quality Improvement Work Plan Implementation Status Report

Dated 11/4/10

Prepared by: Program Support Bureau, Quality Improvement Division

NAME OF REPORT:

CO-OCCURRING DISORDERS (SUBSTANCE USE) (COD)

QI IMPLEMENTATION STATUS REPORT

The Mental Health Services Oversight and Accountability Commission Report on Co-Occurring Disorders (2007) recommended that all programs funded by the Mental Health Services Act (MHSA) be required to integrate mental health and substance abuse services for all clients who need them. Efforts by LAC-DMH to achieve COD integration goals have included the following initiatives: establishing a Departmental COD Coordinator and a COD therapist to work with each Service Area; standards were established to initiate appropriate COD assessment and screening; extensive training courses were provided on integrating COD treatment; proficiency in treating COD has been established as a core competency for all clinical staff; COD forms and clinical documentation training sessions have been held for new and existing employees; the Office of the Medical Director has established and posted on the DMH website for all providers Parameters for Psychotropic Medications with COD; collaboration with QA and QI involving COD clinical documentation; and STATS monitoring COD as a clinical indicator.

The following is a summary of LAC-DMH initiatives for COD integration into the mental health service delivery system since the previous QI Status Update Report on Co-Occurring Disorders completed in 11/2009.

Summary of Findings

- LAC-DMH's Strategic Plan (6/15/10) contains two strategies that involve COD. First is a strategy to *"provide integrated mental health, physical health and substance abuse services in order to improve the quality of services and well-being of mental health clients."* The second strategy is to *"create partnerships that advance an effective model of integration of mental health, physical health, and substance abuse services to achieve parity in the context of health care reform."* The inclusion of COD integration in two of the six overall strategic goals and objectives for the future of the MHP illustrates administrative recognition of the importance of incorporating substance abuse treatment aspects into mental health services. Clearly articulating this value is an important step in the quality improvement process.

- COD Screening and Assessment training continues to be a component of the Clinical Documentation Training provided by LAC-DMH during mandatory New Employee Orientation. (See attached Clinical Records Bulletin dated 1/22/2009)
- Managers/Supervisors are consistently monitoring STATS reports on COD concordance for all directly operated providers.
- Medi-Cal disallowances have occurred due to lack of medical record documentation on the effect of substance abuse on mental health functioning and lack of documentation on coordination of substance abuse interventions with mental health interventions in the CCCP. In response to these disallowances, the MHP will be renewing its contract with UCLA-Integrated Substance Abuse Program (ISAP) to provide training and consultation on integrating substance abuse treatment approaches.
- Strategies for improving COD services include recognizing the limitations of past educational approaches to increase the skill levels of the vast number of clinical personnel within LAC-DMH direct and contracted providers. A new approach includes utilizing UCLA/ISAP consultation in assessing and redefining clinician roles and job functions.
- Skills in substance abuse screening, assessment and treatment engagement will be defined as core functions in all clinical positions. Social Workers, Case Managers, Registered Nurses and all direct clinical staff will have COD skills incorporated into their job descriptions.
- The COD Coordinator and UCLA/ISAP staff will work with Adult Systems of Care staff to "professionalize" the role of Substance Abuse Counselors and Peer Advocates.
- UCLA/ISAP will assist with the on-going development of training courses for clinicians who will be integrating COD treatment and documentation skills into their performance expectations.
- Over the past year the COD Coordinator and DMH clinical staff have begun review of COD Screening and Assessment Tools for Children and Adolescents. These tools have been presented to the Departmental QIC and several SA QICs. Currently the tools remain in the development phase. Feedback has indicated a need for refining the tools to less of "check-box" format to become more clinically useful. UCLA/ISAP will assist with consultation to further develop and implement the Screening and Assessment Tools for Children and Adolescents.
- UCLA/ISAP will also develop and provide specific trainings for DMH clinical supervisors to assist in the ongoing skill development of DMH staff in the treatment of COD.

- UCLA/ISAP will also assist in development and provision of trainings on targeted brief interventions for alcohol use to Field Capable Older Adult program staff.

Action Requested/Needed

- 1) Cumulative reports by STATS to monitor the COD Performance Indicator for increased recording of dual diagnosis and concordance with primary diagnosis.
- 2) Renew contract and work with UCLA/ISAP for appropriate educational training and consultation.
- 3) Quality Assurance Division to continue to provide system-wide training for new and existing clinicians on proper clinical documentation including COD integration into the CCCP.
- 4) Re-definition of job functions in all clinical staff job descriptions to include core competencies in COD treatment issues.
- 5) Increase the "professionalism" of the COD counselor role and COD Peer Advocate role.
- 6) Develop and implement clinically useful assessment, screening and treatment documentation tools for children and adolescents with COD issues.

Recommended Policy Change

- 1) Develop and implement new policy and procedure for documentation requirements for children and adolescents with COD treatment needs. New documentation will include screening, assessment, progress notes and treatment planning.
- 2) Explore new Integrated COD training requirements with UCLA/ISAP to identify curriculum, frequency and clinical personnel core competencies.